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FAX COVER SHEET

TO: Assistant Commissioner for Patents
Attention: Examiner Hirshfeld

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DATE: September 27, 2000

Total Faxed Page(s): 7

FROM: Gary M. Anderson, Esq.

Client I.D.\Docket # KINGP.55031
Ser. No. 9/595,151

Extension:

ORIGINALS WILL FOLLOW BY MAIL: YES NO

MESSAGE:

2859

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Practitioner's Docket No. KINGP.55031

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Judy G. SHANNON, et al.

Application No.: 09/595,515

Filed: 06/15/2000

For: BOOKMARK

Group No.: 2859

Examiner: A. Hirshfeld

Assistant Commissioner for Patents
Washington, D.C. 20231AMENDMENT TRANSMITTAL1. Transmitted herewith is a Second Preliminary Amendment for this application.

STATUS

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2. Applicant is a small entity.

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

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 Deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. transmitted by facsimile to the Patent and Trademark Office Attention Examiner Hirshfeld.
SignatureGary M. Anderson
(type or print name of person certifying)Date: 9/27/00

(Amendment Transmittal--page 1 of 2)

FEE FOR CLAIMS

3. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col.1) | (Col. 2) | (Col. 3) | SMALL ENTITY | |
|--|---------------------------------------|---------------------|----------------|---------------|
| Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee |
| Total 19 | Minus 20 | = 0 | × \$9 = | \$0 |
| Indep. 6 | Minus 4 | = 2 | × \$39 = | \$78.00 |
| First Presentation of Multiple Dependent Claim | | + \$260 = | | \$0 |
| | | Total Addit. Fee | <u>\$78.00</u> | |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

The additional fee for claims is \$78.00.

FEE PAYMENT

4. Please charge our deposit account number 21-0800 for the \$78.00 additional claim fee.

FEE DEFICIENCY

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5. If any additional extension and/or fee is required, charge Account No. 21-0800.
If any additional fee for claims is required, charge Account No. 21-0800.

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Date: 9/27/00



Signature of Practitioner

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Registration No. 30,729

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